

TOWN OF LOS ALTOS HILLS

26379 Fremont Road • Los Altos Hills, California 94022 • (650) 941-7222 • FAX (650) 941-3160

PLANNING DEPARTMENT

APPLICATION FOR PROJECT REVIEW

1. PROPERTY DESCRIPTION:

•• Please print or type ••

Street Address			
Lot(s) Number	Tract or Parcel Map Number	Please Check One:	Sewer
			Septic
Assessor's Parcel Number	Gross Acreage	Net Acreage	

2. PROJECT DESCRIPTION:

Description of project i.e. new residence, addition, etc.

3. PROPERTY OWNER:

Name of Legal Owner			
Mailing Address			Zip
Home Phone ()	Work Phone ()	FAX Number ()	
Representative's Name	Phone ()	FAX Number ()	
Mailing Address			Zip

4. FEES AND DEPOSITS:

Planner will complete this section. Fees and deposits, payable to the Town of Los Altos Hills, are required to process all Planning applications.

	Fee	Deposit
Geologist:		
Zoning:		
Site Development:		
_____ :		
_____ :		
_____ :		

Receipt #
File #
Date:

5. SIGNATURE OF OWNER(S) OR AGENT:

(Please note: Agent requires letter of authorization from owner)

I, the undersigned owner or authorized agent of the property described above, hereby make an application for the purposes set forth above in accordance with the provisions of the City Ordinances, and I hereby certify that the information given is true and correct and to the best of my knowledge and belief.	
Signature	Date